

Foster Family Home - Corrective Action Report

Provider ID: 1-562034

Home Name: Lydia Carpio, CNA

Review ID: 1-562034-7

94-1046 Puloku Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/22/2020

Foster Family Home


Required Certificate

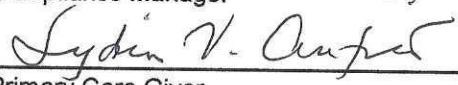
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced visit made on 6/22/20 for a 3 bed CCFFH Recertification Inspection. Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

6/25/20
Date

6/25/20
Date